

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc. | | FEC IDENTIFICATION NUMBER ▼ C C00564765 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|--------------------|--|---|--|--|
| Full Name of Payee FP1 STRATEGIES LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2016 | | |
| Mailing Address PO BOX 16504 | | | Amount 12000.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22302 | Transaction ID : SE24.891 | | |
| Purpose of Expenditure TV/MEDIA PRODUCTION | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2016 | | |
| Name of Federal Candidate CATHERINE CORTEZ MASTO | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV | | |
| Calendar Year-To-Date Per Election for Office Sought | | 7007482.90 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|--------------------|--|---|--|--|
| Full Name of Payee I360 | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2016 | | |
| Mailing Address PO BOX 37046 | | | Amount 20153.00 | | |
| City BALTIMORE | State MD | Zip Code 21297 | Transaction ID : SE24.885 | | |
| Purpose of Expenditure MEDIA PLACEMENT - SATELLITE | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2016 | | |
| Name of Federal Candidate CATHERINE CORTEZ MASTO | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV | | |
| Calendar Year-To-Date Per Election for Office Sought | | 7007482.90 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 32153.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

MM / DD / YYYY
09 / 21 / 2016

Signature